

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-175)

SERIAL NO.

**09/980748**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		8		1		
10		8		1		
11		8		1		
12		8		1		
13		8		1		
14		8		1		
15		8		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		7		1		
24		16		1		
25		16		1		
26		16		1		
27		16		1		
28		16		1		
29		16		1		
30	1		1			
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		6		1		
37		6		1		
38		6		1		
39		6		1		
40		6		1		
41		6		1		
42		6		1		
43		6		1		
44		6		1		
45	1		1			
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		9		1		
55		9		1		
56		9		1		
57		9		1		
58		9		1		
59	1		1			
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67		8		1		
68		8		1		
69		8		1		
70		8		1		
71		8		1		
72	1		1			
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		7		1		
80		7		1		
81		7		1		
82		7		1		
83		7		1		
84		7		1		
85		7		1		
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	79	←		←
TOTAL CLAIMS			85			